File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, lowa 50319 Fax: 515-281-4073



CAMPAIGN DISCLOSURE BD.

2008 JAN 18 PM 4: 24

FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE

| COMMITTEE NAME (Must be same as on Statement of Org | ganization) | | | |
|--|---|-----------------------|---|---------------------------------------|
| Taxpayers United | | | FORM | l |
| IMPORTANT: Indicate by # type of committee you are reporting for: (1)Statewide/Legislative/Judge Standing for Retention Candidate (4)County Central Committee (5)County Candidate (6)City Cand Subdivision Candidate (8)County PAC (9)City PAC (10)School 11) Local Ballot Issue | (2)State PAC (3)State Party | , | DR-2 (Rev. 07/2007) For Office Use Or | |
| CANDIDATE COMMITTEES ONLY: | | | | • |
| Candidate Name | Political Party (if applicable) | : | | |
| Office Sought | District (if Senate or House) | | | |
| Late reports are subject to possible civil and criminal penalties. P | ursuant to lowa Code sections 68B.32A(| 7) and 6 | 8A.401(3), the ca | ndidate, for a |
| Mester | 563-570-373/ | | 1/17 | 108 |
| SIGNATURE OF PERSON FILING REPORT | TELEPHONE | | DATES | IGNED |
| AM FILING A 1/19/08 | REPORT FOR (1) ELECTION / | /2\NON | EI ECTION VE | AD |
| (report date) | Indicate by # | | -ELECTION 1E | ~ IV. |
| CHECK IF AMENDMENT TO REPORT DATED | • | | | |
| | 1 | .ocal Cor I 1/6/07 | nmittees, enter Da | te of Election |
| ☐ Check if this is final (termination) report and attach Notice (You must continue to file reports until a DR-3 is filed | of Dissolution Form DR-3. | County & | Local Committees ction is held | , enter County in |
| STATEMENT OF CASH ON HAN | D | | | |
| CASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the of the last reporting period or must be zero if this is for | otal of all funds held by the cash on hand at the end | \$ | 5,321.30 | |
| ADD TOTAL MONEY TAKEN IN THIS PERIOD | | | | |
| Schedule A: Cash Contributions total (Attach Sched | lule A) (*also see in-kind below) | | 6.20 | |
| Schedule F: Loans Received total (Attach Schedule | • | | 0.00 | |
| Schedule H: Total Sales of Campaign Property (Atta | | | 0.00 | |
| (Schedule H applies to Candidates' Com | | | | |
| | SUB-TOTAL | \$ | 5,327.50 | |
| SUBTRACT TOTAL MONEY SPENT THIS PERIOD |) | | | |
| Schedule B: Expenditures total (Attach Schedule B) | (**also see debts and loans below) | | 5,200.00 | |
| Schedule F: Loan Repayments total (Attach Schedu | ıle F) | | 0.00 | · · · · · · · · · · · · · · · · · · · |
| CASH ON HAND at the end of this reporting period (if final rep | port balance must be zero) | \$ | 127.50 | |
| UNPAID BILLS (From Schedule D - Attach Schedule D) | | \$ | 0.00 | |
| N KIND CONTRIBUTIONS (From Schedule E - Attach Sche | dule E) | \$ | 0.00 | |
| OUTSTANDING LOANS (From Schedule F - Attach Schedu | ile F) | \$ | 0.00 | |
| ONSULTANT BREAKDOWN (Schedule G Attached?) | | | YES | NO |
| ANDIDATE COMMITTEES ONLY: | | | | |
| ALUE OF CAMPAIGN PROPERTY (From Schedule H - Atta | ich Schedule H) | \$ | | |
| TATE COMMITTEES: Submit a reconciled campaign accou | • | • | | |

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

| COMMITTEE NAME (Must be same as on Statement of Organization) Taxpayers United | (including cardidate a personal runus) |
|--|---|
| Taxpayers United | MMITTEE NAME (Must be same as on Statement of Organization) |
| 1 . , | xpayers United |

| SCHEDULE A (Rev. 07/03) | MONETARY RECEIPTS |
|-------------------------------|------------------------------|
| | CK THIS BOX IF NDING FORM |

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

| DATE RECEIVED (MM/DD/YR) | PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE* (if applicable) | AMOUNT RECEIVED | √ IF FOR FUND- RAISER INCOME |
|--------------------------------|---|--|--|--------------------|---------------------------------------|
| 10/31/07 | ID# CK# | Family Credit Union - interest 1530 W. 53rd Street Davenport, IA 52806 | | \$2.27 | |
| 11/30/07 | ID# CK# | Family Credit Union - interest 1530 W. 53rd Street Davenport, IA 52806 | | 1.93 | |
| 12/31/07 | ID# CK# | Family Credit Union - interest 1530 W. 53rd Street Davenport, IA 52806 | | 2.00 | |
| | ID# CK# | | | | |
| | ID# CK# | | | | |
| | ID# CK# | | | | |
| <u> </u> | ID# CK# | | | | |
| | ID# CK# | | | | |
| | ID# CK# | | · · · · · · · · · · · · · · · · · · · | | |
| | ID# CK# | | | | |
| | <u>.</u> | | SUB-TOTAL | \$ 6.20 | |

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1 (for Schedule A)

\$ 6.20

TOTAL (if last page of this schedule)

| - | _ | | |
|-----|---|------|--|
| | | | |
| | | | |
| | | 158 | |
| 100 | | | |

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA

| SCHEDULE B (Rev. 07/03) | MONETARY EXPENDITURES |
|--------------------------------------|------------------------------|
| CHEC AME | CK THIS BOX IF NDING FORM |

| COMMITTEE NAME | (Must be | same as on | Statement of Oras | nization) |
|------------------|----------|------------|-------------------|-----------|
| Taxpayers United | | | | |

| DATE | CANDIDATE ID NUMBER | NAME AND ADDRESS TO WHOM EXPENDITURE | PURPOSE | AMOUNT |
|------------------------|-------------------------------|---|---------------------------------------|-------------|
| EXPENDED (MM/DD/YR) | (if applicable) AND PAC CHECK | (Disbursement) WAS MADE | (DESCRIBE TRANSACTION) | EXPENDED |
| | NUMBER | | | |
| 0/31/07 | ID# CK# ₁₀₇₂ | Pat Gibbs 1st Ward Committee 2110 W. 4th Street Davenport, IA 52802 | Campaign contribution | \$ 600.00 |
| | ID# | Friends of Varianta C 15 | | |
| 2/7/07 | CK# ₁₁₀₂ | Friends of Yerington for Mayor 1000 Blythewood Place, #G138 Davenport, IA 52804 | Campaign contribution | 4,600.00 |
| | ID# | | | <u> </u> |
| | CK# | | | |
| * | ID# | | | |
| | CK# | | | |
| | ID# | | | |
| | CK# | | | |
| | ID# | | | |
| | CK# | | | |
| | ID# | | | |
| | CK# | | | |
| | ID# | | | |
| | CK# | | | |
| | | | SUB-TOTAL | \$ 5,200.00 |
| | | | TOTAL (if last page of this schedule) | \$ 5,200.00 |

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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